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Bib Data Sheet

CONFIRMATION NO. 5052

SERIAL NUMBER 10/025,223	FILING DATE 12/19/2001  RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 279.366US1
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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/01/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged  Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

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## TITLE

Telemetry duty cycle management system for an implantable medical device

FILING FEE  RECEIVED 1506	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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